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CONFIRMATION NO. 5719

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/592,912		424	1655	2005577-0009

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/US2005/008600 03/14/2005
 which claims benefit of 60/554,607 03/19/2004

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
 05/22/2008

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/RANDALL O WINSTON/ _____ Examiner's Signature	Initials	NY	39	14	1

ADDRESS

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TITLE

Herbal Therapy for the Treatment of Asthma

FILING FEE RECEIVED 365	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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